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CONFIRMATION NO. 2699

SERIAL NUMBER 10/796,224	FILING OR 371(c) DATE 03/09/2004 RULE	CLASS 206	GROUP ART UNIT 3728	ATTORNEY DOCKET NO. 040094
APPLICANTS William B. Snyder, Wrightsville, PA; LWB				
** CONTINUING DATA ***** This appln claims benefit of 60/453,297 03/10/2003 NONE				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/27/2004				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>LWB</u> Examiner's Signature Initials		STATE OR COUNTRY PA	SHEETS DRAWING 11	TOTAL CLAIMS 50
				INDEPENDENT CLAIMS 3
ADDRESS 23464				
TITLE Medication package and method				
FILING FEE RECEIVED 655	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	